PRINTED: FORM APPROVED OMB NO. 0938-0391

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	DING	00	COMPLI	ETED	
		155220	B. WIN			08/11/20)11	
			D. WIIV		ADDRESS, CITY, STATE, ZIP CODE			
NAME OF P	PROVIDER OR SUPPLIER			l	EFFIELD AVE			
DYER NU	JRSING AND REHA	ABILITATION CENTER			IN46311			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	•	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	TΕ	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	<u> </u>	TAG	DEFICIENCY)		DATE	
F0000								
		4 7	F0	000	Dan Marine and Deletification			
		r the Investigation of	F0	000	Dyer Nursing and Rehabilitatio Center respectfully requests a d			
	Complaint IN000	093490 and IN00094635.			review in place of a follow-up v			
					due to the scope and severity of			
	Complaint IN000	093490- Substantiated,			the citations being no higher that			
	Federal/State def	iciencies related to the			"D" level. Please accept the			
	allegations are ci	ted at			following Plan of Correction as	the		
	F225, F226, and	F323.			facility's credible allegation of			
					compliance. This Plan does not			
	Complaint IN000	094635- Substantiated,			constitute an admission of guilt liability by the facility. It is	or		
	•	iciency related to the			submitted only in response to the	ne		
	allegations is cite	•			regulatory requirements.			
	anegations is cite	at 1314.			118			
	Survey dates: A	ugust 10 and 11, 2011						
	Facility number:	000125						
	Provider number	: 155220						
	AIM number: 10	00266740						
	Survey team:							
	Janelyn Kulik, R	N, TC						
	Regina Sanders,							
	Kelly Sizemore,							
	isony bizombie,							
	Conque had true							
	Census bed type:							
	SNF/NF: 136)						
	Residential: 45							
	Total: 181							
	Census payor typ	ne.						
	Medicare: 24							
	Medicaid: 75							
	Other: 82							

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: HTD211 Facility ID: 000125 If continuation sheet 08/30/2011

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 155220	A. BUILDING	00	COMPLETED 08/11/2011
		155220	B. WING		06/11/2011
NAME OF P	PROVIDER OR SUPPLIER		I	ADDRESS, CITY, STATE, ZIP CODE IEFFIELD AVE	
		ABILITATION CENTER	DYER,	IN46311	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE
1710	Total: 181	ESC IDENTIFY TING INFORMATION)	1710		DATE
	10001. 101				
	Sample: 8				
	Thoso deficienci	es also reflect State			
		accordance with 410 IAC			
	16.2	accordance with 410 1/10			
	Quality review c	ompleted on August 15,			
	2011 by Bev Fau	-			
	-				

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155220	(X2) MUI A. BUILI B. WING	DING	NSTRUCTION 00	(X3) DATE (COMPL 08/11/20	ETED
	PROVIDER OR SUPPLIER URSING AND REHA	ABILITATION CENTER			.DDRESS, CITY, STATE, ZIP CODE EFFIELD AVE IN46311		
(X4) ID PREFIX	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL	P	ID REFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION
F0225 SS=D	The facility must related been found or mistreating residuals have had a finding nurse aide registry mistreatment of residuals of their property; a has of actions by employee, which is service as a nurse	and report any knowledge it a court of law against an would indicate unfitness for each of a court of law against an would indicate unfitness for each of a court of law against to de registry or licensing		TAG	DETCHACT		DATE
	The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).						
	alleged violations	nave evidence that all are thoroughly investigated, further potential abuse while in progress.					
	reported to the ad representative and accordance with S State survey and working days of th	nvestigations must be ministrator or his designated d to other officials in State law (including to the certification agency) within 5 are incident, and if the alleged d appropriate corrective sen.					
	facility failed to unknown origin to the Administra	review and interview, the ensure injuries of were reported promptly ator and were thoroughly 2 of 3 residents reviewed	F02	25	F225 Dyer Nursing and Rehabilitation Center respect requests a desk review in place a follow-up visit due to the seand severity of all the citation being no higher than a "D" le	ace of cope ns	09/02/2011

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155220 08/11/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 601 SHEFFIELD AVE DYER NURSING AND REHABILITATION CENTER DYER. IN46311 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE Please accept the following Plan with bruises in a sample of 8. (Resident of Correction as the facility's #C and Resident #G) credible allegation of compliance. This Plan does not constitute an Finding include: admission of guilt or liability by the facility. It is submitted only in response to the regulatory 1. Resident #C's record was reviewed on requirements. What corrective 8/10/11 at 1:25 p.m. Her diagnoses action(s) will be accomplished included, but were not limited to, for those residents found to osteoarthritis, falls, anxiety, and have been affected by the deficient practice; The depression. corrective actions for residents listed are as follows: Resident G A nursing note, dated 6/16/11 at 9:04 was interviewed at the time of a.m., indicated Resident #C was observed occurrence and stated that the by the CNA with a hematoma (bruise) to bruise was caused from shutting her wrist in a door. The bruise her forehead, a bruise to her right wrist was monitored by nursing for and left forearm, and scratches and scab to changes. Bruise did not meet the her left lower leg. Neurological checks criteria to report to ISDH per the facility policy. Injuries have were implemented and an x-ray of the resolved. Resident C was right wrist was ordered. The resident investigated once the bruise and complained of pain to her forehead upon hematoma was observed by a palpitation. The resident was alert and staff member. Her injuries have oriented with confusion. resolved. How the facility will identify other residents having the potential to be affected by Review of the incident report provided by the same deficient practice and the Director of Nursing on 8/11/11 at 8:15 what corrective action will be a.m., indicated Nursing Student #1's taken; All facility residents have provided the following: "While providing the potential to be affected by the same alleged deficient practice. care to (Resident #C's name) on 6/15/11, I Current facility events were noticed on her medial LLE (left lower reviewed to ensure any current extremity) 3 abrasions." Measurement of bruises have been investigated the abrasions were 2.0 cm (centimeters) and the C.N.A. identified who was interviewed. Current bruises by 1.5 cm for two of the abrasions and the have been reviewed to determine third abrasion was 3 cm in width. if any meet the criteria to report to "To her r (right) wrist I noticed a circular

HTD211

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155220		ULTIPLE CO	NSTRUCTION 00	(X3) DATE S COMPL 08/11/2	ETED
		199220	B. WIN			06/11/2	J11
NAME OF I	PROVIDER OR SUPPLIE	3			ADDRESS, CITY, STATE, ZIP CODE		
DYER N	URSING AND REH	ABILITATION CENTER	601 SHEFFIELD AVE DYER, IN46311				
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OF T	ΓE	COMPLETION
TAG	 	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
		width. None of the			ISDH and none were noted that have not already been report		
	above abrasions	demonstrated any			What measures will be put		
	bleeding."				place or what systemic		
	I did not report t	here (sic) markings to			changes will be made to		
	anyone."				ensure that the deficient		
	The note was sig	gned by Nursing Student			practice does not recur;		
		ing Student Instructor.			Nursing staff were re-inservio		
		5			by Director of Nursing/design		
	Interview with the	he Director of Nursing on			on the following: New Skin tear/Bruise of Unknown Orig		
		n.m., indicated during the			form. This form is completed		
		,			any un-witnessed skin tear o		
	1	Resident #C's injuries it			bruise. How to investigate		
		Student Nurse #1 did see			bruises/skin tears · What sta	aff	
	bruises on the re	sident on 6/15/11 and did			members to and how to inter		
	not report the br	uises to anyone. She			· Report any changes in skir		
	further indicated	the student nurses were			conditions to nursing immedi	ately	
	inserviced on the	e abuse policy and			for observation and documentation · What qualit	ies	
		liately. The student nurse			as a reportable event to Stat		
		e should have told staff of			When the next nursing stude		
		observed to a staff			class begins, students will be		
	member.	observed to a starr			educated on the above. Curr	ently	
	incinoci.				there are no student classes		
					the facility at this time. How	the	
					corrective action(s) will be		
					monitored to ensure the deficient practice will not re	cur	
					i.e., what quality assurance		
					programs will be put into		
					place; The interdisciplinary to	eam	
					will review the investigation f		
					to ensure that the appropriat		
					C.N.A.'s were interviewed ar		
					names of who was interview	ed	
					identified. The injury will be		
					reviewed to determine if it qualifies as a reportable ever	nt to	
					ISDH per facility policy and s		
					regulations. A summary of th		
					-		

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		155220	B. WING		08/11/2011
				T ADDRESS, CITY, STATE, ZIP CODE	<u> </u>
NAME OF F	PROVIDER OR SUPPLIER		l	HEFFIELD AVE	
DYER N	URSING AND REHA	ABILITATION CENTER		R, IN46311	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
				audits will be presented to the Quality Assurance committed monthly by Director of Nursing/designee for three months. Thereafter, if determined by the Quality Assurance committee, audit and monitoring will be done quarterly and present quarter the QA meeting. Monitoring be on going.	e ing erly at
	8/10/11 at 1:15 p diagnoses includ to, hypertension, anxiety. A resident progre 10:30 p.m., indic CNA was talking station when she	record was reviewed on m. Resident G's ed, but were not limited Alzheimer's disease, and ess note, dated 6/12/11 at rated "At around 9 p.m., at to resident at the nurses noticed a bruise on			
	notified writer w wrist and noted t bruises on her le	ist, she immediately ho assessed the bruised hat resident had three ft upper extremity. One ident's left medial			
	(pertaining to mi to her wrist. It w	dline) forearm proximal vas purple blue in color x (by) 5 cm (centimeters).			
	On the medial w bluish bruise medone on the latera wrist that is bluis 3 cm. When ask	rist, writer observed a assuring 2.5 x 3 cm, and I (pertaining to a side) sh red and measuring 3 x ed how she got the said, "I shut the door on			
			-		

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155220	(X2) M A. BUII B. WIN	LDING	NSTRUCTION 00	(X3) DATE COMPI 08/11/2	LETED
	PROVIDER OR SUPPLIEF	ABILITATION CENTER	•		DDRESS, CITY, STATE, ZIP CODE EFFIELD AVE N46311	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ATE	(X5) COMPLETION DATE
	resident five diff of about an hour same answer. R able to move her She has been usi about the unit all was in pain, resident said, "the it."Writer page and got a call from name) who was of the left wrist a bruising to wrist resolved. Resident name), was called also notified the Nursing)" An Accident/Inc dated 6/12/11 at 2: Interview the what happened TEARS: 1. Did body) on anythir on my wrist."S C.N.A.: 1. Whe saw the resident' were they doing when was the laprovided inconting 4was restraint/	ay." Writer asked ferent times within a span and half and got the esident was noted to be wrist without a problem. In git to wheel herself day. When asked if she dent replied, "No."when he left lateral bruise, at hurts when you touch d (name of physician) om (another physician's on callordered an X-ray and also to monitor Q (every) shift till ent's daughter, (daughter's dand notifiedWriter DON (Director of lident Investigation form, 9 p.m., indicated "Step resident to determine BRUISES/SKIN you bump (name part of tag? Yes "I shut the door tep 3 Interview the en was the last time you to leted or nent care? 8:30 p.m. alarm in place and Was resident having					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

HTD211 Facility ID:

000125

If continuation sheet

Page 7 of 27

NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER (AM ID SUMMARY STATEMENT OF DEPTCENCIES PREETS (EACH DEPTCENCIES) PREETS (EACH DEPTCENCY MUSTS BE FERCEDED BY PULL TAG RUGULATORY OF RED BINITATION MENORATION) (AS) any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwincessed, activity prior to the incident was unknown, the resident's mental status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise?" I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident notice dher wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviewed face assessment, dated 4/18/11, indicated a sessessment, dated 4/18/11, indicated a sessessment, dated 4/18/11, indicated a sessessment, dated 4/18/11, indicated a	NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER BYSEET SUMMARY STATEMENT OF DEFICENCES OST SHEEFFIELD AVE DYER, IN46311 IN PRICE STANDAR SOLUTION OF USE DIDINTERYING INFORMATION (CASA DEFENSACIO) AND THE CASA DEFENSACION OF USE DIDINTERYING INFORMATION (CASA DEFENSACIO) AND THE CASA DEFENSACION OF USE DIDINTERYING INFORMATION (CASA DEFENSACION OF USE DIDINTERYING INFORMATION) Any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes." At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise?" I shut the door on my wrist yesterday." Did anybody hit or hurt you? "No," Interview With Staff: Stifus talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	STATEMEN	TEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA (X2) !			ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY
NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER BY SUMMARY STATEMENT OF DEFICIENCY: TAG REGILATORY OR LSC IDENTIFYING INFORMATION) Any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes." At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was anwintnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday." Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	NAME: OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER DYER, INASSIT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PERCEDED BY FULL REGULATORY OR I.S.C IDENTIFYING INFORMATION) any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes." At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwincessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "interview" With Resident: How did you get the bruise? "I shut the door on my wrist yesterday." Did anybody hit or hurt you? "No.," interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING	00	COMPLETED
DYER NURSING AND REHABILITATION CENTER INALID PREENT TAG SIMMANY STATEMENT OF DEPICINCIES (EACH DEPICIESCY MUST BE PERCEDED BY FULL TAG REGULATORY OF LISE (DENTIFYEN) INFORMATION) Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were earing for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwinnessed, activity prior to the incident was unknown, the resident's mobility status prior to incident was a saist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise?" It shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviewed and lacked any other interviewes from the staff. A quarterly MDS (Minimum Data Set)	DYER NURSING AND REHABILITATION CENTER DYER NURSING AND REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES GEACH DEFICIENCY MUST BE PERCEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) Any behaviors prior to incident? no9, Was call light in reach prior to you leaving the room? yes? At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hir or hurt you; "No.," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," indicating the			155220	- 1			08/11/2011
OVER NURSING AND REHABILITATION CENTER OVER INAGAIT	DYER NURSING AND REHABILITATION CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (PACT) DEFICIENCY MUST BE PERCEDED BY FULL. (X4) ID PRIEFIX (PACT) DEFICIENCY MUST BE PERCEDED BY FULL. (ACT) DEFICIENCY SENGMANDON TAG MUST BE PERCEDED BY FULL. (ACT) DEFICIENCY SENGMANDON TAG MUST BE PERCEDED BY FULL. (ACT) DEFICIENCY SENGMENTALE BUSINESS PLANG CORRECTION SENGMENTALE BUSINESS PLANG	NAME OF I	DROVIDED OD SLIDDI IED		•	STREET A	ADDRESS, CITY, STATE, ZIP CODE	
SUMMARY STATEMENT OF DEFICIENCES TAG	SUMMARY STATEMENT OF DEFICIENCIES PREFIX (PACH DEFICIENCY MUST BE PERCEDED BY PULL TAG any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," indicating the	NAME OF F	PROVIDER OR SUPPLIER			601 SH	EFFIELD AVE	
REFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes? At the top of the form, it indicated two CNA's were earing for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mobility status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident" How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	REGULATORY OR LOS CIDENTIFYES INFORMATION REGULATORY OR LOS CIDENTIFYES INFORMATION any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes." At the top of the form, it indicated two CNA's were earing for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unwitnessed, activity prior to the incident was unknown, the resident's mobility status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		URSING AND REHA	ABILITATION CENTER		DYER,	IN46311	
any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were earing for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviewed and lacked any other interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the							
any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday." Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	any behaviors prior to incident? no9. Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		`				CROSS-REFERENCED TO THE APPROPRIA	TE
Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	Was call light in reach prior to you leaving the room? yes" At the top of the form, it indicated two CNA's were earing for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the	IAG				IAG	DEFICIENC!)	DATE
leaving the room? yes" At the top of the form, it indicated two CNA's were earing for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	leaving the room? yes" At the top of the form, it indicated two CNA's were earing for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the							
form, it indicated two CNA's were earing for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff: A quarterly MDS (Minimum Data Set)	form, it indicated two CNA's were caring for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the			1				
for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff: A quarterly MDS (Minimum Data Set)	for the resident during this time. The form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the			-				
form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	form lacked documentation of which CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," indicating the			_				
CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	CNA had been interviewed. An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the			_				
An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	An Incident Summary form, dated 6/12/11 at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		form lacked docu	umentation of which				
at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		CNA had been in	nterviewed.				
at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	at 9 p.m., indicated the type of incident was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		An Incident Sum	mary form, dated 6/12/11				
was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	was unwitnessed, activity prior to the incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the			-				
incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	incident was unknown, the resident's mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	mental status prior to incident was alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	alert-disoriented, and the resident's mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	mobility status prior to incident was assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the		1					
assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	assist/dependent. The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	The Management Follow-Up To Incidents form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the							
form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	form (attached to the back of the incident form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		assist/dependent.					
form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	form), indicated "Interview With Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		The Managemen	t Follow-Up To Incidents				
Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	Resident: How did you get the bruise? "I shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the		form (attached to	the back of the incident				
shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	shut the door on my wrist yesterday" Did anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		form), indicated	"Interview With				
anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the		Resident: How o	did you get the bruise? "I				
anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	anybody hit or hurt you? "No," Interview With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the		shut the door on	my wrist yesterday" Did				
With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	With Staff: Sitting talking to resident noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	noticed her wrist bruised reported it to the nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the		1 ' '	•				
nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	nurse. This form also lacked documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	documentation of which CNA was interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set)	interviewed and lacked any other interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
interviews from the staff. A quarterly MDS (Minimum Data Set)	interviews from the staff. A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the							
A quarterly MDS (Minimum Data Set)	A quarterly MDS (Minimum Data Set) assessment, dated 4/18/11, indicated a cognition score of "99,", indicating the			-				
	assessment, dated 4/18/11, indicated a cognition score of "99," ,indicating the		interviews from	mo swii.				
assessment, dated 4/18/11, indicated a	cognition score of "99," ,indicating the		A quarterly MDS	S (Minimum Data Set)				
			assessment, date	d 4/18/11, indicated a				
cognition score of "99," ,indicating the			cognition score of	of "99," ,indicating the				
			_	_				

000125

	OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		NSTRUCTION 00	(X3) DATE SU COMPLE	TED
		155220	B. WIN	G		08/11/20	11
NAME OF I	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
DYER N	URSING AND REHA	ABILITATION CENTER			EFFIELD AVE IN46311		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
TAG	, i	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	JΈ	COMPLETION DATE
	interview. The s	taff assessment for					
	mental status ind	icated short term and					
	_	ry were unable to be					
	'	gnitive skills for daily					
	decision making	were moderately					
	impaired.						
	Social Services n	notes, on the following					
	dates and times,	•					
		.m., "Resident was					
		ter during interview.					
	1	stions resident would					
		ankly and then look away.					
	_	loes have difficulty					
	· · ·	ons and her basic needs y staff. Long term					
		rt term memory is					
		s at this time due to					
		answering questions.					
		y impaired in decision					
	making"	•					
		p.m., "Resident did not					
	1 ^	MS or MOOD as she					
		rolled away from writer					
	l '	just smiled when eing asked, so LTM (long					
	_	ad STM (short term					
	1	icult to evaluate at this					
	1	ake basic needs known					
	and at times can						
	demands"	•					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	NSTRUCTION		(X3) DATE COMPL		
AND PLAN	OF CORRECTION	155220	A. BUI		00		08/11/2	
		100220	B. WIN		DDDEGG CYMY GC:-	TIP COTT	00/11/2	V 1 1
NAME OF I	PROVIDER OR SUPPLIEF	8			DDRESS, CITY, STAT EFFIELD AVE	E, ZIP CODE		
DYER N	URSING AND REHA	ABILITATION CENTER		DYER, I				
(X4) ID		STATEMENT OF DEFICIENCIES		ID				(X5)
PREFIX		ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE	AN OF CORRECTION ACTION SHOULD BE		COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCEI DEFIC	O TO THE APPROPRIAT CIENCY)	E	DATE
	5/27/11 at 1:09 p	o.m., "Resident did not						
	participate in BI	MS (measures cognition)						
	or MOOD as she	e rolled away from writer						
	on 5/27/11. She	can be easily distracted.						
	She smiled, then	frowned when questions						
	were being asked	d, so LTM and STM are						
	difficult to evalu	ate at this time. Per						
	staffshe is mod	lerately impaired"						
	A care plan, upd	ated 5/26/11, indicated						
	"(Resident's nam	ne) exhibits short/long						
	term memory de	ficits and impaired						
	decision making	."						
	A care plan, upd	ated 5/26/11, indicated						
	"Resident under	close observation due to						
	cognitive deficit	S"						
	There was lack of	of documentation the						
	bruise was repor	ted to the Indiana State						
	Department of H	Iealth.						
		iew with the DoN, on						
		a.m., she indicated she						
	understands mor	e staff should have been						
	interviewed due	to the resident's cognition						
	and the investiga	ation should have been						
	1	She indicated bruises are						
	only reported if	over 8 centimeters.						
	I -	relates to complaint						
	IN00093490.							
	3.1-28(c)							
FORM CMS-2	2567(02-99) Previous Version	ons Obsolete Event ID:	HTD211	Facility I	D: 000125	If continuation sl	neet Pa	ge 10 of 27

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED			
AND I EAR	or conduction	155220	A. BUILDING	08/11/2011		
			B. WING STREET A	ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIER			EFFIELD AVE		
DYER N	URSING AND REHA	BILITATION CENTER	DYER,	IN46311		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE COMPLETION DATE	
	3.1-28(d)					
F0226 SS=D	written policies and mistreatment, negland misappropriate Based on record facility failed to a followed its abus reporting all alleg immediately to the thoroughly invest unknown origin for reviewed with broughly investigated with the control of t	record was reviewed on the most of the mos	F0226	F226 Dyer Nursing and Rehabilitation Center respect requests a desk review in plate a follow-up visit due to the scand severity of all the citation being no higher than a "D" let Please accept the following of Correction as the facility's credible allegation of compliant This Plan does not constitute admission of guilt or liability the facility. It is submitted on response to the regulatory requirements. What correcting action(s) will be accomplished for those residents found to have been affected by the deficient practice; The corrective actions for resider listed are as follows: Resider was interviewed at the time of the corrective actions.	ace of cope ns evel. Plan ance. e an by ely in evel ive hed o	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) M	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A DIII	DINC	00	COMPLE	ETED	
		155220	A. BUII B. WIN			08/11/20)11	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE	ļ		
NAME OF I	PROVIDER OR SUPPLIEF	₹						
DVED N	UDOINO AND DELL	ADULTATION OF MED		1	EFFIELD AVE			
DYERN	URSING AND REH	ABILITATION CENTER		DYER,	IN46311			
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	re	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
			1		occurrence and stated that the	ne		
	A quarterly Mini	imum Data Set			bruise was caused from shut	tting		
					it in a door. The bruise was			
	Assessment, dated 6/10/11, indicated the				monitored by nursing for			
		ally understood and			changes. Bruise did not mee			
	· ·	nds. Her long and short			criteria to report to ISDH per	the		
	term memory co	uld not be assessed. She			facility policy. Injuries have			
	was moderately	impaired cognitively,			resolved. Resident C was investigated once the bruise	and		
	1	ade poor decisions and			hematoma was observed by			
		nd supervision. A			staff member. Her injuries ha			
	1	•			resolved. How the facility w			
	, ,	ge Minimum Data Set			identify other residents hav			
	· ·	ed 7/13/11, indicated she			the potential to be affected	- 1		
	was usually und	erstood and usually			the same deficient practice	- 1		
	understands. Sh	e scored a 3 on her BIMS			what corrective action will			
	(Brief Interview	of Mental Status) which			taken; All facility residents ha	ave		
	i i	ident had significant			the potential to be affected b	y the		
	cognitive impair	· ·			same alleged deficient practi	ce.		
	cognitive impair	iliciit.			Current facility events were			
					reviewed to ensure any curre			
	A nursing note, of	dated 6/16/11 at 9:04			bruises have been investigat			
	a.m., indicated the	he resident was observed			and the C.N.A. identified who			
	by the CNA with	n a hematoma (bruise) to			interviewed. Current bruises have been reviewed to deter			
	her forehead, a h	oruise to her right wrist			if any meet the criteria to rep			
		, and scratches and scab to			ISDH and none were noted t			
		g. Neurological checks			have not already been repor			
	1				What measures will be put			
	_	ed and an x-ray of the			place or what systemic			
	1 -	ordered. The resident			changes will be made to			
	complained of pa	ain to her forehead upon			ensure that the deficient			
	palpitation. The	resident was alert and			practice does not recur;			
	oriented with con	nfusion.			Nursing staff were re-inservi			
					by Director of Nursing/design			
	Review of the in	cident report with			on the following: New Skin			
		_			tear/Bruise of Unknown Orig			
	1 .	ovided by the Director of			form. This form is completed			
	_	/11 at 8:15 a.m., indicated			any un-witnessed skin tear o bruise. How to investigate	'		
	Nursing Student	#1's provided the			bruises/skin tears · What sta	aff		
	following: "Wh	ile providing care to			Didiocoroniii learo Villat Sta	411		

000125

STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR			SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A DIII	LDING	00	COMPL	ETED
		155220	B. WIN			08/11/20	011
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF	PROVIDER OR SUPPLIEF	2		1			
DVED N	LIDOINO AND DELL	A DIL ITATIONI OFNITED		1	EFFIELD AVE		
DYERN	URSING AND REH	ABILITATION CENTER		DYER,	IN46311		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	ICY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATION OF THE APPROPRIATION	TΕ	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	(Resident #C's n	ame) on 6/15/11 I noticed			members to and how to inter		
	on her medial LI	LE (left lower extremity)			Report any changes in skir		
	3 abrasions." Measurement of the				conditions to nursing immedi	ately	
		2.0 cm (centimeters) by			for observation and documentation · What qualit	fies	
		f the abrasions and the			as a reportable event to Stat		
		as 3 cm in width.			When the next nursing stude		
					class begins, students will be		
		wrist I noticed a circular			educated on the above. Curr	ently	
	abrasion 1 cm in	width. Nome of the			there are no student classes		
	above abrasions	demonstrated any			the facility at this time. How	the	
	bleeding."				corrective action(s) will be		
	I did not report t	here (sic) markings to			monitored to ensure the		
	anyone."				deficient practice will not re		
	The note was sig	ned by Nursing Student			i.e., what quality assurance programs will be put into	'	
	· ·	Student Instructor.			place; The interdisciplinary to	eam	
		student instructor.			will review the investigation f		
	751				to ensure that the appropriat		
	_	ort indicated the incident			C.N.A.'s were interviewed ar		
		6/11 at 8:00 a.m. The			names of who was interview	ed	
	_	I she fell to the nurse.			identified. The injury will be		
	The resident was	s alert with confusion.			reviewed to determine if it	-4.4-	
					qualifies as a reportable ever ISDH per facility policy and s		
	Interview with the	ne Director of Nursing on			regulations. A summary of th		
		.m., indicated during the			audits will be presented to th		
		the Resident #C's injuries			Quality Assurance committee		
	1 -	d Student Nurse #1 did			monthly by Director of		
		e resident on 6/15/11 and			Nursing/designee for three		
					months. Thereafter, if		
		e bruises to anyone. She			determined by the Quality	,	
		the student nurses were			Assurance committee, auditi and monitoring will be done	iig	
		e abuse policy and			quarterly and present quarte	_{rlv at}	
	reporting immed	liately. The student nurse			the QA meeting. Monitoring		
	was informed sh	e should have told staff of			be on going.		
	the bruising she	observed to a staff					
	member.						
	2 Posidont Cla	record was reviewed on					
	2. Kesideni G's	record was reviewed on					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	DING	00	COMPL	ETED
		155220	B. WIN			08/11/2	011
NAME OF I	DDOWIDED OD GUDDI IEI		-!	STREET A	ADDRESS, CITY, STATE, ZIP CODE	!	
NAME OF	PROVIDER OR SUPPLIEI			601 SH	EFFIELD AVE		
	URSING AND REH.	ABILITATION CENTER		DYER,	IN46311		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		NCY MUST BE PERCEDED BY FULL LISC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION
IAU	 		-	TAG	BEI TELENCT)		DATE
	1	o.m. Resident G's					
	"	led, but were not limited					
	1	, Alzheimer's disease, and					
	anxiety.						
	A resident progr	ess note, dated 6/12/11 at					
	1	cated "At around 9 p.m.,					
	1 * '	g to resident at the nurses					
	1	e noticed a bruise on					
		rist, she immediately					
	1	who assessed the bruised					
		that resident had three					
		If upper extremity. One					
	1	sident's left medial					
		idline) forearm proximal					
	"	vas purple blue in color					
		• •					
		x (by) 5 cm (centimeters).					
	1	vrist, writer observed a					
	1	easuring 2.5 x 3 cm, and					
		al (pertaining to a side)					
	1	sh red and measuring 3 x					
	1	ted how she got the					
		said, "I shut the door on					
	1 '	lay." Writer asked					
	1	ferent times within a span					
	1	and half and got the					
		esident was noted to be					
	1	wrist without a problem.					
		ing it to wheel herself					
	1	l day. When asked if she					
	was in pain, res						
		iter touched the left					
	1	sident said, "that hurts					
	when you touch	it."Writer paged (name					

	NT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155220	A. BUII	LDING	NSTRUCTION 00	li i	E SURVEY PLETED /2011
NAME OF I	PROVIDER OR SUPPLIER		B. WIN	STREET A	DDRESS, CITY, STATE, ZIP CO		72011
DYER N	URSING AND REHA	ABILITATION CENTER		DYER, I			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	physician's name callordered an and also to moni (every) shift till i daughter, (daughter, (daughter, (daughter, (daughter, (daughter, (daughter, (daughter)) and notifiedWir DON (Director of the resident/Incident) at 2: Interview the what happened TEARS: 1. Did body) on anythin on my wrist."S C.N.A.: 1. Whe saw the resident? Were they doing? When was the laprovided incontinutwas restraint/I working? yes 5 any behaviors proform, it indicated for the resident of the resident o	X-ray of the left wrist tor bruising to wrist Q resolved. Resident's ter's name), was called iter also notified the of Nursing)" Ident Investigation form, 9 p.m., indicated " Step resident to determine BRUISES/SKIN you bump (name part of tep 3 Interview the n was the last time you of 7:15 p.m. 2. What of By nursing station 3. Set time you toileted or ment care? 8:30 p.m. alarm in place and twas resident having for to incident? no9. reach prior to you? yes" At the top of the I two CNA's were caring turing this time. The amentation of which					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S COMPL		
AND PLAIN	OF CORRECTION	155220	A. BUI		00	08/11/20	
		100220	B. WIN		ADDRESS, CITY, STATE, ZIP CODE	00/11/2	
NAME OF F	PROVIDER OR SUPPLIER				EFFIELD AVE		
		ABILITATION CENTER		1	IN46311		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX TAG	*	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	COMPLETION DATE
1710		nown, the resident's	•	1710			DITTE
		or to incident was					
	•	and the resident's					
		rior to incident was					
	assist/dependent.						
	1						
	The Managemen	t Follow-Up To Incidents					
	_	the back of the incident					
	form), indicated	"Interview With					
	Resident: How o	lid you get the bruise? "I					
	shut the door on	my wrist yesterday" Did					
	anybody hit or h	urt you? "No," Interview					
		ng talking to resident					
		bruised reported it to the					
	nurse. This form						
		f which CNA was					
	interviewed and	•					
	interviews from t	the staff.					
	A quarterly MDS	S (Minimum Data Set)					
	assessment, dated	d 4/18/11, indicated a					
	cognition score of	of "99," indicating the					
	resident was unal	ble to complete the					
		taff assessment for					
	mental status ind	icated short term and					
	_	ry were unable to be					
	-	gnitive skills for daily					
	decision making	were moderately					
	impaired.						
		notes, on the following					
	dates and times,	indicated:					
	5/9/11 at 10:16 a	.m., "Resident was					

STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING	00	COMPLETE	ED
		155220	B. WIN			08/11/2011	
NAME OF I	DROVIDED OD GUDDI IED			STREET A	ADDRESS, CITY, STATE, ZIP CODE	•	
NAME OF F	PROVIDER OR SUPPLIER			601 SH	EFFIELD AVE		
		ABILITATION CENTER			IN46311		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE CO	OMPLETION
IAG		·	-	TAG	DEFICIENCY)		DATE
		iter during interview.					
	_	stions resident would					
		ankly and then look away.					
		loes have difficulty					
		ons and her basic needs					
		y staff. Long term					
		rt term memory is					
	difficult to assess	s at this time due to					
	resident's lack of	answering questions.					
	She is moderatel	y impaired in decision					
	making"						
	5/13/11 at 12:25	p.m., "Resident did not					
		MS or MOOD as she					
	1 ^	rolled away from writer					
		just smiled when					
	l '	eing asked, so LTM (long					
	1 ^	nd STM (short term					
		ficult to evaluate at this					
	l * *	ake basic needs known					
	and at times can						
	demands"	ionow simpic					
	demands						
	5/27/11 at 1:00 n	.m., "Resident did not					
	1	MS (measures cognition)					
	1 * *	rolled away from writer					
		·					
		can be easily distracted.					
		frowned when questions					
		l, so LTM and STM are					
		ate at this time. Per					
	staffshe is mod	erately impaired"					
		1.7/2.6/14					
		ated 5/26/11, indicated					
	"(Resident's nam	e) exhibits short/long					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S		
AND PLAN	OF CORRECTION	155220	A. BUI		00	08/11/20	
		100220	B. WIN		ADDRESS CITY STATE TIP CODE	00/11/20	311
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE EFFIELD AVE		
DYER N	URSING AND REHA	ABILITATION CENTER			IN46311		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	, i	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	ΤE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	1	ficits and impaired					
	decision making.	."					
	A	-4- J 5/06/11 in Jinata J					
		ated 5/26/11, indicated					
	cognitive deficits	close observation due to					
	cognitive deficits)					
	There was lack o	f documentation the					
		ted to the Indiana State					
	Department of H						
	_ · · · · · · · · · · · · · · · · · · ·						
	The Abuse Police	y was provided by the					
	l .	ing on 8/11/11 10:50 a.m.					
	The policy staten	nent: "All reports and/or					
	allegations of res	ident abuse, neglect and					
	injuries of unkno	wn source shall be					
	promptly and the	oroughly investigated by					
	facility managem	nent.					
	An injury of unk	nown source: "Injury of					
	1 * *	is defined as an injury					
	that meets both o	• •					
	conditions:	Č					
	(1) The source o	of the injury was not					
	observed by any	person or the source of					
	the injury could i	not be explained by the					
	resident; and						
	(2) The injury is	suspicious because of:					
		injury; or the location of					
	" " " " "	he injury is located in an					
		y vulnerable to trauma; or					
	l "	juries observed at one					
		n time; or the incidence					
	of injuries over the	ime."					

		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3)			(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUII	LDING	00	COMPLETED
		155220	B. WIN	G		08/11/2011
NAME OF P	PROVIDER OR SUPPLIER		-	STREET A	ADDRESS, CITY, STATE, ZIP CODE	•
					EFFIELD AVE	
DYER NU	JRSING AND REHA	ABILITATION CENTER		DYER,	IN46311	
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	•	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	DATE
	The self-					
	The policy interp					
	•	included, but was not				
	-	llowing: "should an				
	-	ected incident of resident				
	· ·	ent, neglect or injury of				
	unknown source	•				
		r his/her designee, will				
		er of management to				
	investigate the al	leged incident."				
	"The individual of	conducting the				
	investigation wil	l, as a minimum: a.				
	Review the resid	ent's medical record to				
	determine event	leading up to the				
	incident; b. Inter	rview the person(s)				
	reporting the inci	ident; c. Interview any				
		incident; d. Interview the				
		ically appropriate); e.				
	` `	nt's Attending Physician				
	-	terview staff members				
		o have had contact with				
	` /	ng the period of the				
	alleged incident;	-				
		nate, family members, and				
		propriate; h. Interview				
		whom the accused				
		es care or services, and i.				
		s leading up to the				
	alleged incident.					
	anogod meldent.					
	During an intervi	iew with the Director of				
	_	/11 at 11:10 a.m., she				
	_	derstands more staff				
		interviewed due to the				
	Should have been	i mici vieweu uue to tiie				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MI	JLTIPLE CO	NSTRUCTION 00	(X3) DATE S COMPL		
THEFTERN	or condition	155220	A. BUII			08/11/20	
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	PROVIDER OR SUPPLIER			601 SHI	EFFIELD AVE		
DYER NI	JRSING AND REHA	ABILITATION CENTER		DYER, I	IN46311		
(X4) ID		TATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5)
PREFIX TAG	`	CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION DATE
IAU	resident's cognition should have been indicated bruises 8 centimeters.	on and the investigation a more thorough. She are only reported if over relates to complaint		IAU			DAIE
F0323 SS=D	environment remainst hazards as is possoreceives adequate devices to prevent Based on record facility failed to extransferred by two assessment was contained as a sample of 8. (Referred by the sample of 8.)	review and interview, the ensure a resident was o staff members and an completed after a fall for eviewed for falls in a esident #C) cord was reviewed on .m. Her diagnoses re not limited to,	F0	323	F323 Dyer Nursing and Rehabilitation Center respect requests a desk review in plate a follow-up visit due to the scand severity of all the citation being no higher than a "D" let Please accept the following for Correction as the facility's credible allegation of complia This Plan does not constitute admission of guilt or liability the facility. It is submitted only response to the regulatory requirements. What correcting action(s) will be accomplished for those residents found to have been affected by the	ace of cope as vel. Plan ance. can by y in ve	09/02/2011

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

HTD211 Facility ID:

000125

If continuation sheet Page 20 of 27

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 155220 08/11/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 601 SHEFFIELD AVE DYER NURSING AND REHABILITATION CENTER DYER. IN46311 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE deficient practice; The corrective actions for resident A quarterly Minimum Data Set listed are as follows: Resident C Assessment, dated 6/10/11, indicated the had a fall and body assessment resident was usually understood and completed immediately after the usually understands. Her long and short injuries were noted by a staff member. A thorough investigation term memory could not be assessed. She was then completed by the was moderately impaired cognitively, interdisciplinary team to indicating she made poor decisions and determine how the hematoma needed cueing and supervision. She was and fall occurred. Resident on 7/7/2011 was changed to a hoyer an extensive assist indicating resident lift for transfer needs. She was involved in activity, staff provide not a hoyer lift at the time of the weight-bearing support with a two plus alleged fall. How the facility person physical assist for transfers. will identify other residents having the potential to be affected by the same deficient A nursing note, dated 6/16/11 at 9:04 practice and what corrective a.m., indicated the resident was observed action will be taken: All facility by the CNA with a hematoma (bruise) to residents have the potential to be her forehead, a bruise to her right wrist affected by the same alleged deficient practice. Residents were and left forearm, and scratches and scab to reviewed to determine current her left lower leg. Neurological checks transfer needs and care cards were implemented and an x-ray of the updated if needed. What right wrist was ordered. The resident measures will be put into place complained of pain to her forehead upon or what systemic changes will be made to ensure that the palpitation. The resident was alert and deficient practice does not oriented with confusion. recur; Nursing staff were re-inserviced by Director of Review of the incident report with Nursing/designee on the following: · Reporting all falls to investigation provided by the Director of nursing immediately for Nursing on 8/11/11 at 8:15 a.m., indicated observation of injuries and the incident occurred on 6/16/11 at 8:00 documentation · Completing a a.m. The resident reported shell fell to the body assessment after any fall · Completing the Fall assessment nurse. The resident was alert with and event after any fall · Using confusion. two staff members with any A Management Follow-Up to Incidents 000125

I '			(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUI	LDING	00	COMPLE	
		155220	B. WIN			08/11/20	J11
NAME OF	PROVIDER OR SUPPLIEF	8			ADDRESS, CITY, STATE, ZIP CODE		
DVED N	LIDOINO AND DELL	ADULTATION CENTED		601 SHEFFIELD AVE DYER, IN46311			
		ABILITATION CENTER		DYER,	11146311		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	`	ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	ГЕ	COMPLETION DATE
IAG			+	IAU	mechanical lift · Reviewing t	ho l	DATE
		Resident stated yes when er head and did she fall."			care card to determine trans		
					needs How the corrective		
	_	nary Team Review:			action(s) will be monitored		
		nt stated she fell when the			ensure the deficient practic		
		erring her this a.m.			will not recur, i.e., what qua	-	
		L (left) side of forehead			assurance programs will be into place; When a fall occu	-	
	,	ters) x (by) 2.5 cm, noted			during a transfer the		
		ght) wrist, did ROM (interdisciplinary team will		
		to wrist, resident had no			investigate if the proper trans		
	c/o (complaints o				needs were used such as co number of staff members, us		
	1 `	ecks initiated, x-ray			a mechanical lift, gait belt, et		
		iterviews initiated. CNA			The interdisciplinary team w		
	#1's name susper	nded pending			ensure that a fall and body		
	investigation."				assessment are completed v		
		tion Notice for CNA #1,			any fall. Staff members will be disciplined if any non-complia		
		10:30 a.m., indicated a			1100		
	1 ^	e problem: "(Resident			udits		
	#C's initials and	room number) has			will be presented to the Qual		
		2.5 x (by) 2.5 to L (left)			Assurance committee month Director of Nursing/designee		
	side of forehead	light purple in color and			three months. Thereafter, if	101	
	bruising to bilate	eral wrists, res. (resident)			determined by the Quality		
	states she fell-he	matoma noted and			Assurance committee, auditi	ng	
	reported at 7:50	a.m.			and monitoring will be done	rlv ot	
	What must be do	one to correct the			quarterly and present quarte the QA meeting. Monitoring		
	situation: "Chec	k res. [resident] [run]			be on going.		
	[sic] (started care	e on her residents) when					
	you come in and	report anything unusual					
	to the appropriat	e people-CNA inserviced					
	on the above."						
	Employee comm	nent: "I did not bruise or					
	hurt (Resident's	#C's name). I found her					
	that way when I	got her out of the bed."					
	The facility's Ev	aluating Falls and Their					

i i			(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER: 155220	A. BUI		00	08/11/2011	
		100220	B. WIN		A DDDEGG CITY CTATE 7ID CODE	00/11/2011	
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE EFFIELD AVE		
DYER N	URSING AND REHA	ABILITATION CENTER			IN46311		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE COMPLETION DATE	
IAG		s provided by the	+	IAU		DATE	
	1	ing (DoN) on 8/11/11 at					
		eps to take after a fall					
		s not limited to, "If a					
	· · · · · · · · · · · · · · · · · · ·	fallen, or is observed on					
	1	a witness to the event,					
		record vital signs and					
		ible injuries to the head,					
	neck, spine and e	-					
	7 1						
	A professional re	source, titled, "Indiana					
	State Department	t of Health Division of					
	Long Term Care	Nurse Aide Training					
	Program July 199	98", Topic 22:					
	Transferring, ind	icated, "4. A					
	mechanical lift	have at least one					
	co-worker assist	when using a mechanical					
	lift"						
	A professional re	source, titled, "Indiana					
		t of Health Division of					
	_	Nurse Aide Training					
	Program July 199	•					
	Emergencies, inc	licated, "b. Falls1)					
	Call for help imn	nediately. Keep the					
	resident in the sa	me position until the					
	nurse examines t	he resident"					
	Interview with th	ne Director of Nursing on					
		.m., indicated during the					
		he Resident #C's injuries					
	_	eated she fell during a					
		ther indicated the					
		d CNA #1 as the staff					
	1 - Sidelit describe	a CIAIIII ao ale otali					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BUI		INSTRUCTION 00	(X3) DATE SU COMPLE		
		155220	B. WIN			08/11/20	11
NAME OF F	PROVIDER OR SUPPLIER		•	1	ADDRESS, CITY, STATE, ZIP CODE EFFIELD AVE	•	
DYER N	JRSING AND REHA	ABILITATION CENTER			IN46311		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	JΈ	DATE
		nsferred her during the	Ī				
		so indicated the CNA #1					
	transferred her by	completed prior to					
		ent. The DoN further					
	_	1 had not checked her					
	residents when sl	he started her shift as she					
		She just started her run					
	(getting her resid	ents up).					
	Interview with th	ne Director of Nursing on					
	•	.m., indicated the issues					
		regarding Resident #C					
		should have been					
		two persons and transfer					
	was only comple well as, the resid	ted with one person, as					
	· ·	completed prior to					
		ent. There was no issue					
	_	ism used to transfer the					
	resident.						
	Interview with th	ne Director of Nursing on					
		.m., indicated Resident					
	#C was to by trai	nsferred by the Hoyer lift					
		embers present during the					
	transfer per the re	esident's care card.					
	This Federal tag	relates to complaint					
	IN00093490.	-					
	3.1-45(a)(2)						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	NSTRUCTION 00	(X3) DATE SURVEY COMPLETED	
		155220	A. BUILDING B. WING		08/11/2011
NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER				DDRESS, CITY, STATE, ZIP CODE EFFIELD AVE IN46311	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	(X5) COMPLETION DATE
F0514 SS=D	each resident in according professional stand complete; accurate accessible; and sy. The clinical record information to identhe resident's asseand services provipreadmission screstate; and progres Based on recordifacility failed to were complete for reviewed related and meal consumsample of 8. (Refindings included The record for Refon 8/10/11 at 2:4 diagnoses included to, Alzheimer's Ethypertension and Review of the consumpressional standard professional st	review and interview, the ensure resident records or 1 of 8 residents to documenting oral care aption for 1 resident in a sident #D) esident #D was reviewed 5 p.m. The resident's ed, but were not limited Disease, osteoarthritis, depressive disorder.	F0514	F514 Dyer Nursing and Rehabilitation Center respect requests a desk review in plata follow-up visit due to the sound severity of all the citation being no higher than a "D" let Please accept the following lot Correction as the facility's credible allegation of complia This Plan does not constitute admission of guilt or liability the facility. It is submitted on response to the regulatory requirements. What correction action(s) will be accomplished for those residents found to have been affected by the deficient practice; The corrective actions for resider listed are as follows: on the food as	ace of cope ens evel. Plan ence. e an evel en ence en

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA			(X2) MULTIPLE CO		(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	00	COMPLETED
		155220	B. WING		08/11/2011
NAME OF I	PROVIDER OR SUPPLIER		STREET.	ADDRESS, CITY, STATE, ZIP CODE	•
NAME OF I	ROVIDER OR SOLITEIER		601 S⊦	IEFFIELD AVE	
		ABILITATION CENTER	DYER,	IN46311	
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
TAG		LSC IDENTIFYING INFORMATION)	TAG	· · · · · · · · · · · · · · · · · · ·	DATE
		food consumption for		oral documentation section.	
		1ch on 8/2/11 and 8/5/11		the facility will identify other residents having the poten	• • • • • • • • • • • • • • • • • • •
	and no entries for	r dinner on 8/10/11.		to be affected by the same	uai
				deficient practice and what	
	Review of the Re	estorative Feeding		corrective action will be tal	• • • • • • • • • • • • • • • • • • •
		Record for August 2011,		All facility residents have the	•
	, ,	ies had been made for		potential to be affected by th	• • • • • • • • • • • • • • • • • • •
		ich on 8/2/11. On 8/5/11,		same alleged deficient pract	ice.
				What measures will be put	into
		lunch the word "Room"		place or what systemic	
		ere was no entry for		changes will be made to	
	dinner on 8/10/11	1.		ensure that the deficient	
				practice does not recur; Nursing staff were re-inservi	and
	Review of the Po	oint of Care History for		by Director of Nursing/desig	
	"How did the res	ident maintain personal		on the following: Completi	
		1/11 to 8/11/11, indicated		the food consumption sectio	
		was completed on time		Matrix (Matrix is the electron	l l
		day: 7/1, 7/2, 7/4. 7/6,		medical record system used	
				resident charting) to identify	• • • • • • • • • • • • • • • • • • •
		0, 7/11, 7/14, 7/16, 7/17,		the resident ate at each mea	• • • • • • • • • • • • • • • • • • •
		7/26, 7/30, 7/31, 8/2, 8/4,		Completing the oral care sed in Matrix to identify that hygi	
	, ,	0/11. There were no		was provided to the resident	
	entries on the fol	lowing days: 7/5, 7/21,		Completing the paper version	
	7/28, 7/29, 8/1, a	nd 8/3/11.		the food and/or oral care she	• • • • • • • • • • • • • • • • • • •
				they did not document in Ma	
	An interview wit	h the Director of Nursing		How the corrective action(s	
		1 at 10:25 a.m., indicated		will be monitored to ensure	
	,	vided to the residents		deficient practice will not re	· I
	*	further indicated the care		i.e., what quality assurance)
	_			programs will be put into place; The nurse/designee v	, ill
	_	ed in the morning and the		audit the Matrix to determine	
	_	en indicated she, facility		the C.N.A. did not document	• • • • • • • • • • • • • • • • • • •
	-	e Assistant Administrator		the food consumption and/o	
	make rounds to e	ensure grooming, bathing		care section. If the C.N.A. di	l l
	and nail care had	been completed for the		document in Matrix, the	
	residents.			nurse/designee will alert the	
				C.N.A. and they will be requ	ired

000125

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 155220		(X2) MULTIPLE CC A. BUILDING B. WING	00	(X3) DATE SURVEY COMPLETED 08/11/2011	
NAME OF PROVIDER OR SUPPLIER DYER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 601 SHEFFIELD AVE DYER, IN46311		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	(X5) COMPLETION DATE
	8/11/11 at 2:00 p would be docum Care History und maintain persona Interview with the p.m., indicated the Resident #D for 8/2/11 and 8/5/11 and the meal combeen documented his meals.	ne Restorative nurse on o.m., indicated oral care ented on the Point of der "How did the resident all hygiene" sections. ne DoN on 8/11/11 at 2:10 mere was no document for breakfast and dinner on 1 or dinner on 8/10/11 asumption should have d. She indicated he had relates to complaint		to complete the paper vers the missing section. A sum of the audits will be presen the Quality Assurance commonthly by Director of Nursing/designee for three months. Thereafter, if determined by the Quality Assurance committee, aud and monitoring will be done quarterly and present quart the QA meeting. Monitorin be on going.	mary ted to mittee iting e certy at